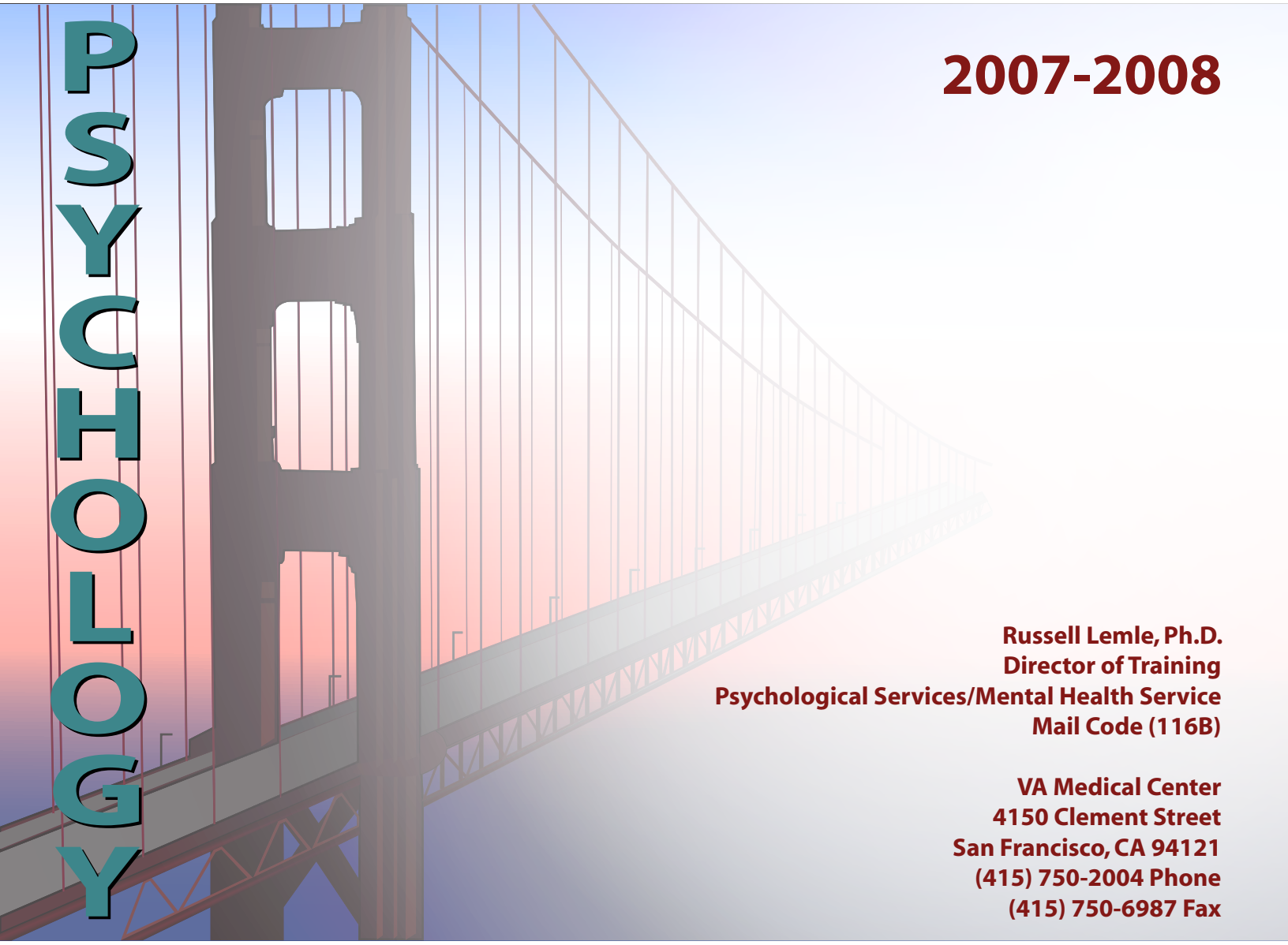
Postdoctoral Fellowship in Clinical Psychology with Emphasis in Posttraumatic Stress and Substance Abuse Disorders



2007-2008

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Postdoctoral Psychology Clinical Fellowship Program In Posttraumatic Stress and Substance Abuse Disorders

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Postdoctoral Psychology Fellowship Applicant
San Francisco VA Medical Center

Dear Prospective Applicant:

Thank you for your interest in the **Postdoctoral Clinical Psychology Fellowships** at the **San Francisco VA Medical Center**. The fellowship class for which you are applying will begin late August 2007. Two stipends will be available, at a rate of $46,968 annually. Federal health insurance coverage, holiday, sick and professional leave are provided.

The fellowships' areas of training emphasis are **posttraumatic stress and substance use disorders**. In both areas of emphasis, fellows will receive supervised experience in evaluation and assessment, psychological treatment, consultation, and interpersonal treatment planning. They will be given opportunity to develop team leadership and clinical supervision skills. Up to six hours weekly may be devoted to conducting research under an assigned mentor. Fellows will attend two required advanced seminars and can select from numerous other educational offerings. The fellowship will satisfy Postdoctoral supervised hour requirements for California licensure. While both fellows will receive didactic and clinical training in both areas of emphasis, one position features a **Trauma Emphasis** and one position has an **Addictions/Trauma Emphasis**. You are welcome to apply for both, but you should indicate on the application form which position is your first preference. Candidates must have completed an APA-approved internship and an APA-approved doctoral program prior to start of fellowship. Application deadline is **January 26, 2007.**

Please download and review our fellowship brochure and fill out the application form. If you have any questions about the fellowship, please feel free to call me at (415) 221-4810 ext 2348 or e-mail me at russell.lemle@va.gov. SFVAMC is an Affirmative Action/Equal Opportunity Employer.

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POSTDOCTORAL CLINICAL PSYCHOLOGY FELLOWSHIP PROGRAM
EMPHASIS IN POSTTRAUMATIC STRESS AND SUBSTANCE USE DISORDERS
San Francisco VA Medical Center
August 2007 – August 2008

BACKGROUND

In 2000, the San Francisco VA Medical Center (SFVAMC) Mental Health Service inaugurated a VA-funded clinical Postdoctoral psychology fellowship program in clinical psychology with emphasis in the areas of Substance Abuse and PTSD. The fellowship complements our growing amount of treatment, education and research in these areas over the past two decades. Since 1980, we have had an ongoing VA-sponsored Physician Fellowship in Substance Abuse, with over 30 graduates to date. In 1998, the VA Sierra Pacific Network was awarded a Mental Illness Research, Education and Clinical Center (MIRECC), with the SFVAMC Posttraumatic Stress Disorder Clinical Treatment Team (PCT) a core component. The clinical, teaching and scholarly achievements of our faculty are extensive, and are delineated below in the description and appendixes. Within Substance Abuse and PTSD, psychologists hold key leadership roles, providing a rich opportunity for mentoring and role modeling of Postdoctoral fellows.

Psychological services and psychology training at the SFVAMC are integrated within the Mental Health Service. The current psychology staff consists of 12 doctoral-level psychologists, all of whom hold academic appointments at the University of California, San Francisco (UCSF). The median length of staff's VA employment is 17 years. A Psychology Director oversees professional activities, e.g. training, credentialing and privileging, performance evaluations, and professional development.

The Mental Health Service teams where our psychologists and trainees are placed have an interdisciplinary structure with the following disciplines represented: psychology, psychiatry, social work, nursing, internal medicine, addiction specialist, and vocational rehabilitation. One of the cornerstones of our Psychology training model is to expose trainees to the unique contributions that other disciplines bring to mental health treatment.

Education of current and future health care providers is one of the five missions of the SFVAMC. Over 1500 fellows, residents, interns and students from a wide array of disciplines train here yearly. Mental Health Grand Rounds occur monthly. Unit based in-services are offered regularly. The SFVAMC Mental Health Service is affiliated with the Department of Psychiatry, UCSF Medical School, and as such, our staff and trainees have access to their library, colloquia and seminars including weekly Psychiatry Grand Rounds.

Our Postdoctoral Fellowship in Clinical Psychology with Emphasis in PTSD and Substance Use Disorders (SUD) is fully accredited by the American Psychological Association Committee on Accreditation. The psychology pre-doctoral internship has been APA-accredited since 1979 with three full-time VA-funded pre-doctoral clinical positions.

Postdoctoral Rotation Sites

(Please note: Descriptions of the PTSD and Substance Abuse Clinical Programs and on-going research are included in Appendixes C, D, & E).

1. *Posttraumatic Stress Disorder Clinical Team (PCT).* (Frank Schoenfeld, M.D. Director, Victoria Tichenor, Ph.D., Director of PTSD Training, Shira Maguen, Ph.D. and Catherine Novotny, Ph.D.) The PCT treats patients with chronic PTSD, often associated with co-morbid conditions and social dysfunction. There are five planned phases of treatment: evaluation, stabilization, exposure/uncovering, integration/relapse prevention and maintenance, each with different form and intensity of intervention. The PCT is one of the preeminent clinical, educational and research-based programs treating veteran outpatients suffering from PTSD. It is an extremely fertile source of interprofessional collaboration and intellectual stimulation. The interprofessional PTSD team consists of

psychologists, psychiatrists, social workers, nurses, post-doctoral psychology fellows, post-doctoral psychiatry fellows, psychiatry residents, predoctoral psychology interns and practicum level psychology trainees.

2. *Substance Use/PTSD Team (SUPT).* (John Straznickas, M.D., Team Leader; Patrick Dulin, Ph.D.). The SUPT Team is one of nine specialized programs in the DVA system dedicated to treatment of outpatients with co-morbid PTSD and Substance Abuse Disorders. The team consists of a psychiatrist, two social workers, a rehabilitation technician, predoctoral psychology and social work interns, psychiatry residents, and substance abuse physician fellows.

3. *Drug and Alcohol Treatment Team (DAT).* (David Thomson, LCSW, Team Leader and Patrick Reilly, Ph.D.). The DAT Team is an abstinence oriented clinic treating patients with substance use disorders. Psychosocial treatment is based on the Phase Model and includes supplemental interventions based on an integrative review of multiple assessments. The team consists of a psychologist, a psychiatrist, two social workers, two addiction therapists, predoctoral psychology interns, a Postdoctoral psychology fellow, psychiatry residents, and a psychiatry fellow.

4. *Opioid Replacement Team (ORT).* (David Kan, M.D., Team Leader, Kellie Rollins, Psy.D.) The ORT Team is a multidisciplinary treatment program for veterans with opioid dependence. Veterans are treated pharmacologically with methadone or newer treatments such as Buprenorphine. They also receive individual therapy/counseling, group therapy, ongoing intensive case management and social work services. Many patients enrolling in methadone maintenance are initially stabilized in the Substance Abuse Day Hospital. All patients are involved in psychosocial treatment based on a Phase Model organized around levels of privileges and frequency of take-out doses. The team consists of a psychologist, a psychiatrist, nursing staff, pharmacy staff, a vocational rehabilitation specialist, three addiction therapists, predoctoral psychology interns, psychology fellow, and a substance abuse psychiatry fellow.

5. *Psychological and Neuropsychological Assessment Program* (PNAP), (Johannes Rothlind, Ph.D., Director) provides neuropsychological, intelligence, and other psychological assessment services to a) assist in diagnosis, b) provide documentation of baseline functioning and to monitor changes in cognitive functioning and psychological adjustment and c) aid in treatment planning. Other activities include consultation and brief individual and family interventions to assist in managing disability and psychological morbidity linked to the neurocognitive disorder. Median duration of each evaluation is 2.5 hours. The staff consists of one psychologist, one psychology technician, predoctoral psychology interns and psychology practicum students.

6. *Santa Rosa Clinic,* Santa Rosa Community Based Outpatient Clinic (SRCBOC), Mental Health Service. (Patrick Reilly, Ph.D., Stephen Pennington, Ph.D.). The SR MHC is located 55 miles north of San Francisco and is a satellite clinic of the San Francisco VA, serving veterans from Sonoma, Marin, Napa, Lake, and Mendocino Counties. It operates as a community mental health center with a unique and diverse patient population and has been admitting an increasing number of returning OEF/OIF veterans. The clinic provides high quality care for veterans with mental health problems, emphasizing combat and sexual assault-related posttraumatic stress disorder, substance abuse, anger management, partner-relational problems, mental health problems of homeless veterans, late life depression, chronic mental illness, and psychiatric illness co-occurring with medical illnesses. The SRCBOC consists of a multidisciplinary treatment team including psychiatry staff, two psychologists, registered nurses, a social worker, a readjustment counselor, a postdoctoral psychology fellow, and two predoctoral psychology practicum students.

7. *PTSD and SA Research*. The SFVAMC Mental Health Service currently has approximately six million dollars in current year grant funding. The PTSD Program has developed a research program over the past ten years that is recognized as one of the leading centers in the nation. Drs. Marmar and Weiss were co-principal investigators on the National Vietnam Veterans Readjustment Study of combat-related PTSD. The study persuaded the Department of Veterans Affairs to develop a nationwide initiative to provide specialized outpatient treatment for Vietnam. The PCT has seven major research projects in operation. Since November 1998, it has been a MIRECC core site. PTSD research now underway examines risk factors for acquiring PTSD and resiliency in preventing it, the nature of acute stress response in emergency services personnel, psychophysiological correlates of PTSD, and a manualized form of trauma focused group therapy. More detailed descriptions of current PTSD research are listed in Appendix G.

The Substance Abuse Program also has had a history of prolific research productivity. Since 1994, we have served as the home of the San Francisco Treatment Research Center (TRC), one of eight national centers funded by NIDA

to develop innovative drug abuse treatments. Psychologists have current VA and NIH funded grants studying the treatment of cocaine abuse, anger management, nicotine relapse prevention, combination treatments for smoking cessation, and psychosocial variables that predict drug abuse treatment outcome.

FELLOWSHIP PROGRAM DESCRIPTION

Purpose

This postdoctoral fellowship provides advanced interdisciplinary education and training, with emphasis in the areas of **posttraumatic stress and substance abuse disorders.** We subscribe to the scholar-practitioner model of psychology training. The fellow will graduate competent to work as an advanced level psychologist within the Veterans Health Administration system or other entity in which the complementary areas of trauma and addiction are salient. Advanced training is defined by the following criteria:

1. Intensive **immersion** in clinical experiences in these two areas with supervision by licensed psychologists with established competencies in these areas.

2. **Didactic training** to provide a background and context in the empirical, clinical and other literatures relevant to these areas.

3. Opportunities for significant **leadership and supervisory** roles with staff and trainees on relevant clinical teams.

4. Opportunities for greater **breadth and depth of supervised clinical experiences** than is feasible for a psychology intern on the same rotation areas. Examples include exposure to a wider variety of patients, more complicated or challenging cases, or cases requiring specialized skill sets (e.g., specialized assessment procedures).

5. Opportunities to participate in **research activities** relevant to PTSD and Substance Abuse under the mentorship of psychologists involved in cutting-edge research in these areas.

6. An additional postdoctoral year of **general professional development**, including developing a personalized professional development plan and integrating administrative and supervisory responsibilities into professional identity.

Objectives

Upon completion of the program, each fellow will be able to demonstrate an advanced level of competence in the following seven areas: Evaluation and Assessment of PTSD or SUD, Psychological Treatment of PTSD or SUD, Psychological Consultation regarding PTSD or SUD, Treatment Planning and Case Management in PTSD or SUD, Research in PTSD or SUD, Supervision and Leadership, and Role as a Professional Psychologist.

Teaching Methods

Fellows will receive a weekly minimum of two hours of individual supervision from the psychology faculty. Methods of supervision include role modeling, mentoring, in-vivo observation, videotape review and co-therapy. Supervisors treat fellows as colleagues.

Fellows will have opportunities to work with patients of varying backgrounds, cultures, and clinical needs. We build upon baseline skills acquired during predoctoral internship. The fellow will be granted progressively more autonomy and responsibility over the course of the year in an organized sequence.

The fellows will be required to attend the weekly Postdoctoral Substance Abuse Seminar. The Trauma fellow will also attend the weekly PTSD Seminar (see Appendix B for complete seminar descriptions). The seminars are geared at an advanced level, with emphasis on case examples of complicated patients and increase in complexity and sophistication over time. The fellows make a formal presentation in seminars during the training year. See Appendix C for recent Sample Seminar Curricula.

There will be three to six hours weekly of supplemental structured learning activities. Such experiences include case conferences, in-services, seminars and formal scholastic presentations. Advanced readings from the evolving body of scientific knowledge will be assigned (see Appendices B & C)

Professionals from other disciplines provide adjunct supervision/consultation within their area of expertise.

Written evaluations are designed to provide explicit feedback on strengths and deficiencies and suggest corrective actions.

Faculty
(N.B. Biographic summaries of all faculty are included in Appendix A)

Administrative Faculty
Russell Lemle, Ph.D. Director of Postdoctoral Psychology Training and
. Chief Psychologist, Mental Health Service

Clinical faculty
Patrick Dulin, Ph.D., Staff Psychologist SUPT
Shira Maguen, Ph.D., Staff Psychologist, PCT
Catherine Novotny, Ph.D., Staff Psychologist, PCT
Stephen Pennington, Ph.D., Staff Psychologist, Santa Rosa
Patrick Reilly, Ph.D., Staff Psychologist, Santa Rosa
Kellie Rollins, Psy.D., Staff Psychologist, Opioid Replacement Team
Johannes Rothlind, Ph.D., Director, Psychological and Neuropsychological Assessment Program
John Straznickas, M.D., Director, SUPT
Victoria Tichenor, Ph.D., PCT Director of Training

Teaching Faculty
Peter Banys, M.D. Chief, Substance Abuse Programs
Mardi Horowitz, M.D. Director of the Center on Stress and Personality, UCSF
David Kan, M.D., Director, ORT
Frank Schoenfeld, M.D. Chief, PCT
Victoria Tichenor, Ph.D. PCT Director of Training
Joan Zweben, Ph.D. Senior Psychologist, Substance Abuse Programs

Research Mentors
Patrick Reilly, Ph.D., Staff Psychologist
Charles Marmar, M.D. Chief, Mental Health Service
Tom Neylan, M.D. PCT Medical Director
Timothy Carmody, Ph.D. Director, Health Psychology Program
James Sorensen, Ph.D. UCSF Adjunct Professor of Psychiatry

Overall Structure of Fellowship

The fellowship commences at the end of August, 2007. At the beginning of the training year, the fellow will develop individualized training plans across the seven competencies for each rotation (see Appendix D, Sample Psychology Training Plan), including matching to a research mentor, if desired. This plan will take into account the fellow's baseline strengths, deficiencies and training goals. The Steering Committee will review and modify as warranted.

At the end of the year, final systematic written evaluations of the fellow will be completed. Postdoctoral fellows will have approximately 45 hours per week assigned. Weekly supervision will occur with psychologist supervisors on each rotation. Clinical assignments on the PCT, SRCBOC, DAT, ORT, SUPT and PNAP are outlined below. Both fellows will receive didactic and clinical experience with PTSD and Substance Use Disorders (SUD). Both will attend a weekly Substance Abuse seminar, a biweekly SUPT Clinical Conference, and PTSD seminar for the trauma fellow. One fellow will function as part of the PCT Team for the entire year, for approximately 25 hours per week (Trauma Emphasis). The

other fellow will function as part of the Substance Abuse Programs (including Santa Rosa) for 25 hours for the entire year (Addiction Emphasis). Both fellows will function on the SUPT team for 10 hours per week for the year and both will perform evaluations and supervision in the PNAP program for 4 hours per week for the entire year. For those fellows on the PCT Team, their work on the SUPT Team will tend to emphasize addiction issues, while for those fellows on the Substance Abuse Teams, their SUPT work will tend to emphasize assessment, treatment and management of trauma issues.

1. *SUPT Team*. The fellow's experiences on this rotation include a process focused group that explores the interpersonal consequences of PTSD and SUD, phase oriented groups calibrated for the level of substance abuse recovery and affect tolerance, and didactic groups (anger management, relapse prevention). Individual therapy will include cognitive, psychodynamic and information processing therapies. The fellow will attend the weekly interdisciplinary team meeting at which treatment plans are updated and discussed, new intakes are presented and periodic didactic presentations are made. Time assigned is approximately 10 hours weekly for 12 months. Both fellows.

2. *PCT*. On this rotation, the fellow's experiences will include leading the assessment clinic meeting which entails responsibility for coordination of trainee assessments regarding admission to the clinic and management of the assessment team. The fellow will also lead didactic seminar including scheduling and coordination of case conferences. Other focal administrative, program development, supervisory or clinical responsibilities are to be arranged according to the training plan developed by the fellow. Time assigned is approximately 25 hours/wk. This track is only available to the trauma emphasis fellow.

3. *Santa Rosa CBOC*). In this clinic, the fellow plays an integral role in the mental health department. The fellow will complete weekly psychodiagnostic assessments for new patients and when applicable, coordinate patient services, including referrals for psychotherapy, psychiatry, social services. The fellow will also carry a caseload of 4-6 patients for individual psychotherapy, couples therapy if desired, and conduct 1-2 groups per week. Group opportunities include Anger Management co-led with Dr. Reilly, Substance Abuse groups, PTSD groups with Vietnam and/or Korean War Era veterans, and Seeking Safety groups. Given the large, diverse patient base, there is tremendous opportunity to cater the rotation to the interests of the fellow, including developing and implementing new groups. A valuable part of the training program is the role as supervisor of two psychology externs and active leadership in the weekly training seminar. Time assigned 16 hours/week for the Addictions Fellow.

4. *DAT Team.* On this rotation, fellows conduct a Mixed-Phase Substance Abuse group twice weekly, co-led with Joan Zweben, Ph.D. once per week. This group is an ongoing abstinence-based process group that focuses on substance abuse relapse prevention. The fellow will attend DAT team meetings once per month to discuss the group progress and receive clinical supervision with Dr. Zweben, a nationally recognized leader in the substance abuse field. Addiction Fellow 3 hours/week.

5. *ORT Team.* On this rotation, the fellow will become proficient with issues pertaining to the medical treatment of opioid dependence (methadone and buprenorphine). The fellow will carry long and short-term individual psychotherapy cases, co-lead groups, supervise psychology externs or interns when applicable, and function as an integral part of the multidisciplinary treatment team. Addiction Fellow 5 hours/week.

6. *Psychological and Neuropsychological Assessment Program*. The fellow will be assigned assessments that involve particularly complex questions about cognitive status, neuropsychological issues or complicated issues in personality and psychopathology of addicted or traumatized patients. Fellows will have the opportunity to supervise psychology interns in their assessment efforts with addicted and/or traumatized patients. Time allocated is approximately 4 hours weekly for 12 months. Both Fellows.

Fellows have the option to devote six hours weekly to research activities or a scholarly project. If desired, the fellow will select a research mentor and meet weekly to discuss planned or ongoing research or a scholarly project. S/he will have the opportunity to join one of the existing PTSD or SA projects and pick a topic of research interest. S/he will have the opportunity to collaborate in the development of grants for new research projects. S/he will also attend regularly scheduled research laboratory meetings.

Fellows will attend the 45 minute weekly meeting of all Psychology faculty. They are invited to contribute as colleagues to discussions regarding training and professional development.

For 1-2 hours weekly, the fellow will supervise pre-doctoral trainees, including psychology interns and psychology externs.

Facilities/Resources

The fellow will have an assigned office. Clinical space will be provided on assigned rotations. The fellow will have a computer in his/her office which has access to the Internet and on-line lit search resources as well as word processing and medical record keeping. There is a broad range of psychological and neuropsychological tests available. Clerical support is available through each treatment unit as well as through Psychological Services. The SFVAMC Medical Library has over 350 current journal subscriptions, 43 of which are mental health related. Medline and Psych Info searches are provided through the library, as are numerous other resources. Fellows also have access to the medical library of UCSF, with its 2,600 current journals and Center for Knowledge Management services. Salary is $46,986 yearly. Federal employee health insurance is available to fellows.

For the last four years, up to $600/year has been available to attend professional conferences. We expect these funds to continue, but cannot guarantee. Up to 12 days yearly is allotted for Educational Leave.

APA Approval

Our postdoctoral fellowship is fully accredited by the American Psychological Association.

APPIC Membership

Our fellowship has been granted membership in the Association of Psychology Postdoctoral and Internship Centers (APPIC). Our fellowship is thus listed in both the printed and on-line APPIC member directories. The web address for APPIC to access the on-line directory is: www.appic.org.

California Licensure

The fellowship will provide and satisfy the California Board of Psychology's requirement for 1500 hours of supervised postdoctoral experience.

Application Information

Eligibility: Candidates must be graduates of APA-accredited doctoral programs in clinical or counseling psychology and must have completed an APA-accredited internship. All requirements for the doctoral degree must be completed prior to the start of the fellowship year. Persons with a Ph.D. in another area of psychology who meet the APA criteria for respecialization training in Clinical or Counseling Psychology are also eligible.

Application: All application materials must be received by January 26, 2007. The application can be found at the end of this brochure.

Selection: Selection will involve review of written application materials, three letters of reference, and in-person or telephone interviews with each member of the Postdoctoral Selection Committee. Selection criteria will include "goodness of fit" in terms of complementary interests, attitudes and experience in the areas of PTSD and SUD, as well as the quality of the applicant's educational, scholarly and clinical skills. Notification of acceptance will occur on March 16, 2007.

Appendix A

FACULTY BIOGRAPHIES

Peter Banys, M.D.
Dr. Banys has directed the Substance Abuse Programs and the Substance Abuse Physician Fellowship at the SF-VAMC for the past 20 years. He is Associate Clinical Professor of Psychiatry at UCSF. Dr. Banys has developed a phase model of recovery that guides treatment in these programs. Twenty-five fellows have completed the fellowship and have obtained junior faculty appointments at UCSF, Stanford, University of Pennsylvania, Yale and elsewhere Others have gone to work for Kaiser Permanente, City and County of San Francisco, and other community agencies such as the Haight Ashbury Free Clinics. He is active in clinical research and is currently engaged in a long-term trial of naltrexone for alcohol relapse prevention. Dr. Banys was educated at Harvard University (as a National Merit Scholar), and obtained his MD from Case Western Reserve School of Medicine in 1973. He is a longtime Chair of the Education Committee of the California Society of Addiction Medicine (CSAM) and a member of national Conference Planning Committees of ASAM and CSAM. Dr. Banys is the recipient of the Federal Employee of the Year Award from the VA, and the Vernelle Fox Award from CSAM for Excellence in Physician Teaching. He is president-elect of CSAM.

Timothy P. Carmody, Ph.D.
Dr. Carmody is Director of the Health Psychology and Psychology PRIME Programs and Clinical Professor in the Department of Psychiatry at the UCSF. He has been a member of the Psychological Services staff since 1985. Dr. Carmody received his doctorate in clinical psychology from the University of Montana in 1977. For eight years, he was a faculty member in the Department of Medical Psychology at the Oregon Health Sciences University. His professional interests include chronic pain, nicotine dependence, psychological factors in the prevention and treatment of coronary heart disease, stress/anxiety management, biofeedback, and obesity/weight control. He has conducted research and published in a variety of areas in behavioral medicine including smoking cessation, coronary risk factors, pain management, dietary management of hyperlipidemia, coronary-prone behavior, and medical adherence. Dr. Carmody has been the recipient of a Research Career Development Award from the National Heart, Lung, and Blood Institute (NHLBI) and has served on several ad hoc grant review committees for NHLBI. His research has been funded through the VA HSR&D Program and the University of California Tobacco-Related Diseases Research Program. He is currently the principal investigator or co-investigator on two funded research studies on smoking cessation. He serves as an editorial consultant to several professional journals.

Patrick Dulin, Ph.D.
Dr. Dulin is a staff psychologist with the Substance Use Post Traumatic Stress Disorder Team (SUPT) and the Geriatrics and Extended Care Service. His appointment with the SFVAMC began in November, 2006 following 5 years as a faculty member in a Clinical Psychology training program with the Massey University School of Psychology in New Zealand. Dr. Dulin received his doctorate in Counseling Psychology from the University of Utah in 2000 and completed his clinical internship at the Salt Lake City VAMC in 1999. His psychotherapeutic work utilizes interpersonal and cognitive behavioral approaches. He has published numerous articles and book chapters on older adult mental health and treatment issues, factors associated with alcohol abuse as well as Acceptance and Commitment Therapy (ACT) interventions and the influence of experiential avoidance on mood and anxiety disorders. His current research interests are focused on trauma exposure across the life span and related physical and mental health problems among older adults as well as continued research into therapeutic interventions aimed at reducing avoidance processes.

Mardi J. Horowitz, M.D.
Dr. Horowitz is the Director of the Center on Stress and Personality at UCSF, and has been a pioneer in the understanding and treatment of trauma-related problems. His accomplishments and awards (including the John D. and Catherine T. MacArthur "genius" award from 1984-1994) are literally too numerous to list in their entirety here. His book on Stress Response Syndromes has become a classic and his research and thinking about reactions to stressful life events culminated in the official codification of PTSD in the diagnostic nomenclature. His recent books (Formulation as a basis for Planning Psychotherapy Treatment; and Cognitive Psychodynamics) form the basis of his Advanced Psychotherapy Seminar, in which trainees from several of the mental health disciplines come together to learn an approach to psychotherapy that integrates key concepts from cognitive science and psychodynamic theory.

David Kan, M.D.
Dr. David Kan is the Medical Director of the ORT clinic. He received his medical degree from Northwestern University Medical School and completed his psychiatry residency at UC San Francisco. He has also completed a Forensic Psychiatry Fellowship. He has supervised psychiatry and psychology trainees in the ORT and Substance Abuse Day Hospital. His professional interests include addiction treatment, forensic psychiatry and assessment and treatment of special populations including the criminal justice populations. He also works part time for the City and County of San Francisco conducting evaluations and risk assessments. He is a member of the SFVAMC psychotherapeutic medications committee.

Russell Lemle, Ph.D. is Chief Psychologist and Psychology Training Director, Mental Health Service and Associate Clinical Professor, UCSF Medical School, Department of Psychiatry. He obtained his doctorate from SUNY at Buffalo in 1979. He completed his predoctoral internship at UCLA Neuropsychiatric Institute in 1978 and his postdoctoral fellowship in Family Therapy at Langley Porter Psychiatric Institute. Between 1984 and 1993, he was Chief of the SFVAMC Outpatient Alcohol Clinic, during which period he authored clinical articles on alcohol treatment and etiology. Since 1992, he has been the Chief Psychologist. Other areas of professional interest and teaching include counter-transference, couples and group therapy. Dr. Lemle is on the Planning Committee of the yearly national VA Psychology Leadership Conference and postdoctoral fellows are encouraged to attend the conference. In 2005, he received an APA Presidential Citation for his significant contributions to national VA Psychology issues. Dr. Lemle is a Fellow in the APA Division 18.

Charles Marmar, M.D.

Dr. Marmar is a Professor of Psychiatry in the Department of Psychiatry at the University of California. Dr. Marmar is currently Associate Chief of Staff, Mental Health Service at the SF-VAMC, and the Vice Chair of the Department of Psychiatry, UCSF. Dr. Marmar is internationally recognized as one of the outstanding figures in the field of Posttraumatic Stress Disorder. His publications are prolific and varied.

Dr. Marmar earned his MD from the University of Manitoba, Canada in 1970. He subsequently completed a residency in psychiatry at the University of Toronto, and was the R. Samuel McLaughlin Research Fellow in Stress and Anxiety, in the Psychiatry Department at the UCSF, from 1977-78. Dr. Marmar is engaged in a broad range of research areas in PTSD. He is examining the nature of acute stress response and risk factors for acquiring PTSD and resiliency in preventing it. Closely linked to this effort is Dr. Marmar's inquiry into neurobiologic mechanisms of PTSD, including: studies of sleep, neuroendocrine changes, sensory gating, event-related potential and neuroanatomic changes. He has been an important contributor to the development of a manualized form of trauma-focused group therapy, which is being tested in the national multi-site VA Cooperative Study 420, the largest study of its kind, for PTSD ever undertaken. Dr. Marmar is one of the world's experts on the question of dissociation and PTSD. Dr. Marmar is the Associate Director of the Mental Illness Research, Education and Clinical Center (MIRECC) recently awarded to Sierra Pacific VISN 21. He is the director of the PTSD core of the MIRECC.

Dr. Marmar has served as president of two major research societies, The Society for Psychotherapy Research and the International Society for Traumatic Stress Studies. He has served as the Chairman of the Violence and Traumatic Stress Initial Review Group at NIMH, the Scientific Advisory Board to the National Vietnam Veterans Readjustment Study and the Department of Veterans Affairs Deputy Assistant Secretary's Resource Committee for PTSD. Dr. Marmar has served as an editorial board member and reviewer for numerous scientific journals. He is the founder and was the Director of the Posttraumatic Stress Disorder Program at the San Francisco VA Medical Center until 1996.

Dr. Marmar has received a number of honors for his scientific contributions and community service including the Robert Laufer Memorial Award for Outstanding Scientific Achievement from the International Society for Traumatic Stress Studies and the Department of Veterans Affairs Chief Medical Director's Honor Award for public service after the Loma Prieta earthquake.

Shira Maguen, Ph.D.

Shira Maguen, Ph.D., is a staff psychologist on the Posttraumatic Stress Disorder Clinical Team (PCT). Dr. Maguen completed her internship and postdoctoral training at the National Center for PTSD at the VA Boston Healthcare System after receiving her doctorate in Clinical Psychology at Georgia State University in 2002. She is involved with both the clinical and research components of the PTSD program. Within the PTSD clinical program, Dr. Maguen conducts evaluations, leads therapy groups, and sees patients for individual therapy. She is involved in the coordination and provision of services for the returning Afghanistan and Iraq War veterans, and leads a Modern Deployment Psychotherapy Group. Additionally, she lead a spouse/partner group for those in relationships with veterans with PTSD, and a Dialectical Behavior Therapy (DBT) Group for individuals with sexual trauma histories. Dr. Maguen specializes in evidence-based cognitive behavioral therapies, including Prolonged Exposure Therapy for PTSD and Cognitive Processing Therapy (CPT) for PTSD. She provides supervision to psychology interns, externs and fellows, teaches psychiatry residents in training with the PCT, and participates in the PCT educational seminar. Her research interests fall under the umbrella of PTSD and include risk and resilience factors in veterans, the psychological impact of exposure to death and dying in Iraq War veterans, traumatic grief, and coping with the ongoing threat of terrorism in countries such as Israel.

Catherine M. Novotny, Ph.D.

Dr. Kate Novotny is a staff psychologist on the Posttraumatic Stress Disorder Team (PCT), with special focus on the treatment of OEF/OIF veterans. Her other primary responsibility is the care and coordination of mental health treatment for female veterans seen in the medical center's Women's Clinic. Dr. Novotny received her Ph.D. in Clinical Psychology from Boston University (2001) after completing a predoctoral internship at the VA Northern California Healthcare System / UC Davis Medical Center. She went on to graduate from the postdoctoral fellowship at the San Francisco VAMC. Prior to joining the clinical faculty in 2005, Dr. Novotny was on staff at the UC Davis Counseling Center, and remains the Director of Mental Health Services at a non-profit organization in Contra Costa County. In collaboration with Dr. Drew Westen, she has published empirical and theoretical articles in the area of treatment

outcome research. Clinically, Dr. Novotny has particular interest in the role of core affect experience as precipitating change in psychotherapy.

Thomas Neylan, M.D.

Dr. Neylan received his medical school education from Rush Medical College, graduating in 1984, and completed his psychiatry residency at the University of Pittsburgh. He began his research training at the University of Pittsburgh in a NIMH funded clinical research fellowship. He is currently the Medical Director of the PCT. Dr. Neylan is an Assistant Professor of Psychiatry in Residence at the University of California School of Medicine, San Francisco. In 1994, he joined the PTSD program in the Psychiatry Service of the SF-VAMC and directed the Evaluation and Brief Treatment of PTSD Unit (EBTPU). While serving in this position, Dr. Neylan developed several projects examining the biology of sleep and arousal disturbances in subjects with PTSD. He is the Principal Investigator on VA Merit Review grant studying brain event-related potentials in PTSD, a NIH First Award studying the role of the HPA axis in regulating sleep disturbances in PTSD, a study funded by the VISN 21 MIRECC to compare fluvoxamine, guanfacine, and placebo in the treatment of PTSD, and a study funded by Bristol-Myers Squibb studying the effect of nefazodone on the treatment of PTSD. He has numerous publications in psychiatric journals. Dr. Neylan has lectured extensively on PTSD to the medical students and psychiatry residents at the UCSF and to psychiatrists at national meetings such as the American Psychiatric Association, the American Sleep Disorders Association, and the International Society for Traumatic Stress Studies. Dr. Neylan has received several awards for his teaching.

Stephen Pennington, Ph.D.

Dr. Pennington has been a Staff Psychologist since 1971. He began his clinical study of PTSD and men's issues in 1973, and in 1980 developed a special interest in integrative approaches to psychotherapy. In 1990 he joined the PCT to help establish the PTSD Inpatient Program. In 1996 he went to the VA Community-Based Outpatient Clinic in Santa Rosa to set up the PTSD treatment program. He received his Ph.D. in Clinical Psychology at the University of Pittsburgh, and came to UC San Francisco for a Fellowship in Medical Psychology, where he is an Assistant Clinical Professor. He has given many workshops on the treatment of PTSD, delivered a paper on the integrative approach to PTSD at the Society for the Exploration of Psychotherapy Integration, and has written educational materials for patients about PTSD, Anger Control, and meditative approaches to Stress Reduction.

Patrick M. Reilly, Ph.D.

Patrick M. Reilly, Ph.D. is Chief of the Substance Abuse Outpatient Clinic at the SF-VAMC and an Associate Clinical Professor in the Department of Psychiatry at the University of California, San Francisco. He received his doctorate in counseling and health psychology from Stanford University in 1989, where he was an American Psychological Association Minority Fellow. His professional interests include substance abuse treatment, anger management, and the treatment of violent behavior. He has been an Investigator on several federally funded research studies on anger management and cocaine dependence. He is also an investigator on several research studies focusing on the treatment of drug dependence, including grants awarded by the National Institute on Drug Abuse (NIDA) and the Veteran's Administration. He was awarded the 1999 Interdisciplinary Achievement Award by the Langley Porter Psychiatric Institute Alumni-Faculty Association at UCSF. His recent publications include "Anger Management for Substance Abuse and Mental Health Patients: A Cognitive-Behavioral Therapy Manual" through the Center for Substance Abuse Treatment, in Washington, D.C., "Anger Management Group Treatment for Cocaine Dependence: Preliminary Outcomes" in the American Journal of Drug and Alcohol Abuse, "Self-Efficacy and Illicit Opioid Use in a 180-Day Methadone Detoxification Treatment" in the Journal of Consulting and Clinical Psychology, and "Anger Management and Temper Control: Critical Components of Posttraumatic Stress Disorder and Substance Abuse Treatment" in the Journal of Psychoactive Drugs.

Kellie Rollins, Psy.D.

Dr. Kellie Rollins is the staff psychologist in the Opioid Replacement Treatment (ORT) Team. Dr. Rollins graduated from Nova Southeastern University in 2005 and subsequently completed postdoctoral fellowship at San Francisco VA Medical Center, specializing in the treatment of substance use disorders and trauma. Prior to her fellowship, she completed predoctoral internship at Harvard Medical School/Boston VA Healthcare System with an emphasis on severe psychopathology. Dr. Rollins' specific interests include the psychological assessment and treatment of individuals with co-occurring substance use disorders and psychiatric/characterological disorders.

Johannes C. Rothlind, Ph.D.
Dr. Rothlind is Director of the Neuropsychology Clinic at the SF-VAMC. He is an Adjunct Assistant Professor of Psychiatry at UCSF. Dr. Rothlind obtained his doctorate in Clinical Psychology from the University of Oregon in 1990, and completed Postdoctoral fellowship in clinical neuropsychology research at the Johns Hopkins University School of Medicine from 1990-1992. His current responsibilities included carrying out clinical consultations in the Neuropsychology Clinic and in the Neurology Memory Disorders Clinic at the VA. He supervises clinical psychology interns and fellows in assessment and clinical consultation activities. Together with interns and fellows, he provides consultations to the PTSD and Substance Abuse programs, assisting in the evaluation of mood and emotional functioning, personality, intellectual and memory functioning, Amnestic syndromes, Dementia, Learning Disabilities and Attention Deficit Hyperactivity Disorder. He conducts weekly training seminars and case-conferences for trainees, reviewing basic topics in assessment and empirical foundations of clinical neuropsychological assessment and consultation. He is currently involved as a co-investigator or consultant on several funded research projects examining neuropsychological functioning in PTSD, Parkinson's disease, and in HIV+ individuals who are heavy drinkers.

Frank Schoenfeld, M.D. Dr. Frank Schoenfeld has devoted his 34-year career, as a psychiatrist in government service, to the treatment of combat-related stress disorders. Dr. Schoenfeld is the Director of the Posttraumatic Stress Disorder Program at the San Francisco Department of Veterans Affairs (DVA) Medical Center. He is a member of the Department of Veterans Affairs Undersecretary for Health's Special Committee on PTSD, tasked with charting the future direction of services for the nation's veterans with PTSD. Dr. Schoenfeld is also Clinical Professor of Psychiatry at the University of California School of Medicine, San Francisco, where he excels as a teacher of advanced principals of pharmacology for chronic mental disorders. Dr. Schoenfeld was instrumental in designing a four-stage treatment model for chronic complex PTSD that has influenced ambulatory care of veterans nationwide. Under his clinical leadership the San Francisco PTSD Program has grown to become one of the nation's largest outpatient programs for veterans with PTSD and is one of two programs recognized by the DVA as a Clinical Program of Excellence. Dr. Schoenfeld was honored by the San Francisco Bay Area Federal Executive Board as the Federal Employee of the Year in the professional category in 2000.

James Sorensen, Ph.D.
Dr. Sorensen is an Adjunct Professor of Psychiatry at UCSF. His research in drug abuse began 20 years ago, directing a NIDA-funded double-blind study of detoxification from heroin. An experienced investigator, he has published over 150 articles, chapters, and books, the most recent about preventing AIDS in drug abusers. An experienced leader, Dr. Sorensen was the Chief of Service for Substance Abuse Services at San Francisco General Hospital from 1982 through 1995 and has led seven NIH R01 research grants. He was the Director of the San Francisco Treatment Research Unit from 1990 through 1995, and leads or participates in numerous other NIH and non-governmental supported research and training programs.

John Straznickas, M.D.
Dr. Straznickas is the team leader for the Substance Use Posttraumatic Team (SUPT) and a staff attending psychiatrist in the Substance Abuse Outpatient Clinic (SAOPC) at the San Francisco VA Medical Center. He is an Associate Clinical Professor in the Department of Psychiatry at the University of California, San Francisco School of Medicine, and has received several teaching awards from the residents in psychiatry including the Excellence in Teaching Award in 2004. He leads the substance abuse seminars for the psychology interns and psychiatry residents, supervises psychology fellows, interns, residents and medical students. Dr. Straznickas also provides a lecture series on developing the psychotherapeutic alliance with difficult patients. His work using a phase-based model of treating the co-morbid conditions of PTSD and addiction will be presented at the American Society of Addiction Medicine in 2006. His exploration of the Neurobiologic substrates of the approach avoidant behavior seen in veterans who suffer from both addictions and posttraumatic stress will be the focus of several presentations at the International Conference for Systems-Centered Theory. Dr. Straznickas received his medical degree from Duke University and is a graduate of the UCSF psychiatry residency program.

Victoria Tichenor, Ph.D.
Dr. Tichenor is the Director of Training and the coordinator for individual therapies in the PCT. She was one of the founders of the Family Therapy and sexual trauma clinical services components of the PTSD Program. She received her Ph.D. in Counseling Psychology at the University of Maryland (1989), and is currently Assistant Clinical Professor of Psychiatry at UCSF. She has been a member of the PCT staff since 1989. She has published articles on therapeutic alliance, debriefing, PTSD in the family, and on the relationship of peritraumatic dissociation and PTSD in female

Vietnam Theater veterans. Dr. Tichenor has engaged in group therapy research, using a psychodynamic model to treat women who have been raped and male combat veterans with PTSD.

Joan Zweben, Ph.D.

Dr. Zweben is a nationally known clinical psychologist with over thirty years' experience in treating addiction and training treatment practitioners. The practitioners include peer counselors, social workers, marriage and family counselors, psychologists, probation officers, nurses and physician. She has a broad-based background in both alcoholism and drug dependence, and has experience with both residential and outpatient modalities.

Dr. Zweben received her doctorate in Clinical Psychology from the University of Michigan at Ann Arbor in 1971. She is currently Clinical Professor of Psychiatry, UCSF. She has been awarded the Certificate of Proficiency in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders from the American Psychological Association (1996), and is also a Fellow of Division 50 of the APA (1998).

Dr. Zweben is the founder and Executive Director of the East Bay Community Recovery Project and the 14th Street Clinic & Medical Group and has steadily developed the medical and psychological services of these affiliated organizations. She is the author of two books, numerous articles and book chapters, and is the editor of 12 monographs on treating addiction.

Appendix B

Postdoctoral Fellowship Seminars and Educational Offerings

Postdoctoral Substance Abuse Seminar
The Substance Abuse Seminar is a weekly collegial 1.5 hour forum required for Postdoctoral fellows. It is directed by Peter Banys, M.D. and Joan Zweben, Ph.D. Attendees include physician fellows, psychologist fellows, and core faculty. The seminar serves a three-fold purpose. First, it provides a highly organized reading and discussion experience through the most significant areas of substance abuse methods. Second, it provides an opportunity for fellows to present work-in-progress for scholarly articles, oral presentations, and research summaries. Finally, it serves as a forum for faculty to present and review grant submissions and nascent research ideas.

PTSD Research Meeting
This two-hour meeting is held every other week. Its primary focus is the development of new ideas and research protocols. In house studies are reviewed critically by peers, and guests are invited to present PTSD research. Recommended for the fellow who chooses a PTSD research topic.

SUPT Clinical Conference
This is a one-hour meeting held weekly among all the interprofessional staff and trainees of the SUPT program, including both Postdoctoral psychology fellows. The conference alternates between case presentations (including psychodynamic formulations of patients with PTSD and Substance Abuse), and didactic presentations of material relevant to treatment of these populations. Both fellows have the opportunity to present at this conference.

PTSD Conferences
As a core site for the VISN 21 Mental Illness Research, Education and Clinical Center (MIRECC), the PTSD Program sponsors monthly VTEL grand rounds teleconferences, mini-residencies at the VA Palo Alto Healthcare System, and regular network meetings. Topics focus on cutting edge scientific findings and clinical applications regarding dementia in PTSD patients and advanced PTSD principles in sexual assault and combat.

Grand Rounds
At SFVAMC, Mental Health Service Grand Rounds are held monthly. At UCSF, the Department of Psychiatry sponsors grand rounds weekly. They are one hour forums where invited nationally recognized experts and university faculty present on cutting edge research and clinical innovation. Fellows are invited to present their research or a complex treatment case at the SFVAMC Grand Rounds.

Advanced Psychotherapy Seminar with Mardi Horowitz
A weekly Advanced Psychotherapy Seminar is taught by Mardi Horowitz, M.D. who is the Director of the Center on Stress and Personality at UCSF. Dr. Horowitz has been a pioneer in the understanding and treatment of trauma-related problems. UCSF and SFVAMC psychiatrists, psychologists, social workers, psychology interns, psychiatry residents, psychology fellows, and social work interns attend this seminar. It focuses on planning, formulating and conducting psychotherapy from Dr. Horowitz' blend of psychodynamic, interpersonal, cognitive-behavioral and family system approaches as outlined in his 1997 book titled: Formulation as a Basis for Planning Psychotherapy Treatment. Videotaped session review, consultation of case material, discussions of selected readings, and lectures form the basis of the seminar. Topics involving trauma and trauma-related problems such as PTSD or bereavement are often discussed, particularly as they manifest in relation to varying personality styles or structures. Recommended for the fellow.

Neuropsychological and Psychological Assessment Seminar
A weekly Neuropsychology and Psychological Assessment Seminar is taught by Johannes Rothlind, Ph.D., the director of the Neuropsychological and Psychological Assessment Program at the SF-VAMC. The seminar provides a review of important foundations for clinical neuropsychological assessment. It includes a review of functional neuroanatomy, and advanced training in psychological and neuropsychological assessment and methods of psychological and neuropsychological consultation. In the seminar, trainees review clinical neuroscience literature pertaining to a variety of neuropsychiatric syndromes, including developmental disorders, ADHD, head trauma, PTSD, substance-abuse related dementia, normal cognitive aging, other dementing illnesses and Axis I and II disorders. Participants in the seminar examine clinical cases and develop advanced proficiency in integrating psychometric findings, history, and mental status

examination in case-formulation, diagnosis, and treatment planning. Fellows are encouraged to attend and will present and preside over selected case conference meetings where topics of relevance to PTSD or Substance Abuse are discussed.

SFVAMC Family Therapy Seminar.

The family therapy seminar is run through the PCT and meets for one and a half hours weekly. Trainees are typically from psychology or psychiatry. Initial meetings are didactic. Topics include the extensive intake process including the use of measures to assess substance abuse, domestic violence and relational conflict, determination of therapeutic focus with operationalized goals, modalities of family therapy and use of reflecting teams. Following the initial didactic sessions, trainees are required to present one case and to bring a case for a reflecting team during seminar. Trainees function as consultants on cases and serve on the reflecting teams of their colleagues. As the seminar progresses, special topics concerning such issues as domestic violence or termination are presented.

Writer's Task Force

The Writer's Task Force is a structured bi-weekly group that includes trainees and junior faculty. It is led by Dr. James Sorensen. Activities include review of manuscripts, presentations by journal editors on the review process and what constitutes an interesting and publishable manuscript, and presentations on scientific writing by professional editors. The Writer's Task Force had as its goal the publication of one manuscript per participant each year. More experienced participants use the Task Force as a means of insuring that a manuscript will be written, and are encouraged to attend to assist junior members. A total of 38 trainees, fellows, and junior faculty members have participated in the Task Force since its beginning. A total of 27 manuscripts from the Task Force have been published or accepted for publication: these include 17 articles in peer-reviewed journals; 8 published abstracts; and 2 book chapters.

Appendix C Sample Seminar Curricula

PTSD Seminar Schedule

Date	Lecture	Faculty/Staff
January 20	Current SFVAMC Research Protocols	T. Neylan.
January 22	WW II, Korea & Vietnam Wars	F. Schoenfeld, Byron Wittlin. & Keith Armstrong,
January 29	Modern Deployment Wars	Patrick McGregor
February 5	Biological Bases of PTSD	T. Neylan
February 12	Pharmacology I	F. Schoenfeld
February 19	Pharmacology	F. Schoenfeld
February 26	CBT As a Treatment Model	V. Tichenor
March 4	PTSD Research	T. Neylan.
March 11	Debriefing	P. Domenici
March 18	DBT	G. Basten
March 25	Group Treatment	P. Domenici
April 1	Talking About Trauma	V. Tichenor
April 8	Case Presentation	
April 15	Malingering, Extern Presentation	
April 22	Case Presentation	
April 29	Termination	G. Rhodes
May 6	Case Preentation	
May 13	Transpersonal Psychotherapy Group	F. Hiatt
May 20	Case Presentation	
May 27	EMDR	D. Domenici
June 3	Case Presentation	
June 17	Team Luncheon	
June 24	Feedback	

SUPT Clinical Conference

Topic	**Faculty**	Date
SUPT Phase Model Part I	Odell	8/2
SUPT Phase Model Part II	Odell	8/16
Case Presentation	Ceppi	8/30
Relapse Prevention	Odell	9/13
Pharmacotherapy for comorbid PTSD and Addiction	Glatt	9/27
Case Presentation	Glatt	10/11
Vietnam War History	Koller	10/25
Control Mastery Theory	Park	11/8
No Meeting		11/22
Clinical Update on Shame and Guilt	Zaslav	12/6
Police Study	Ballenger	12/20
Trauma Outcomes	Vernon	1/3
Case Presentation		1/17
Systems Centered Group Therapy	Karpenko, Straznickas	1/31
Clinical and Cultural Correlates of PTSD	Odell	2/14
Case Presentation		2/28

SUBSTANCE ABUSE SEMINAR

Wednesdays, 1:00 PM – 2:15 PM

DATE	TOPIC	DISCUSSANT
2003		
Sep 3	Highlights of history	Joan Zweben, Ph.D./David Wasserman, Ph.D.
Sep 10	History, con't	David Wasserman, Ph.D.
Sep 17	Assessment	Joan Zweben, Ph.D.
Sep 24	"Reefer Madness"	Joan Zweben, Ph.D./David Wasserman, Ph.D.
Oct 1	Treatment models: Abstinence & Harm Reduction	Joan Zweben, Ph.D./David Wasserman, Ph.D.
Oct 8	No Meeting	
Oct 15	Treatment modalities: overview	Joan Zweben, Ph.D./David Wasserman, Ph.D.
Oct 22	Marijuana	Joan Zweben, Ph.D./David Wasserman, Ph.D.
Oct 29	Co-occurring disorders: Assessment and treatment issues	Joan Zweben, Ph.D./David Wasserman, Ph.D.
Nov 5	Motivational enhancement strategies	Joan Zweben, Ph.D./David Wasserman, Ph.D.
Nov 12	Motivational enhancement strategies	Joan Zweben, Ph.D.
Nov 19	Co-Occurring Disorders	David Wasserman, Ph.D.
Nov 26	No meeting	
Dec 3	Facilitating use of the self-help system	David Wasserman, Ph.D.
Dec 10	Marijuana	Tim Cermak, MD
Dec 17	Self Medication	Anisha
2004		
Jan 7	Research on genetics	Peter Banys, MD
Jan 14	Alcohol	Peter Banys, MD

Jan 21	Phases of recovery: tasks and activities	Fawad Malik, MD
Jan 28	No Meeting	
Feb 4	Methamphetamine	Murtuza Ghadiali, MD
Feb 11	Methamphetamine	Murtuza Ghadiali, MD
Feb 18	Quantum Change	Garnette Cotton, Ph.D.
Feb 25	Pain	Karen Larsen, MD
Mar 3	Quantum Change	Garnette Cotton, MD
Mar 10	Drug Policy Issues	Peter Banys, MD
Mar 17	Drug Policy Issues	Peter Banys, MD
Mar 24	Benzodiazepines & Insomnia	Dennis Lin, MD
Mar 31	Cluster B Disorders	John Straznickas, MD
April 7	Pain	Karen Larsen, MD
April 14	Pain	Karen Larsen, MD
April 21	Therapeutic Communities	Joan Zweben, Ph.D.
April 28	Addiction Treatment in Germany	Monika Koch, MD
May 5		
May 12	Case Conference	
May 19	Therapeutic Communities	Brian Greenberg, Ph.D.
May 26	Therapeutic Communities	Joan Zweben, Ph.D.
June 2	Dialectical Behavior Therapy and Addiction	Garnette Cotton, Ph.D.
June 9	Dialectical Behavior Therapy and Addiction	Garnette Cotton, Ph.D.
June 16		
June 23	Neurobiology of Addiction	John Straznickas, MD

June 30	No meeting	
July 7	Contingency Management Approaches to Drug Treatment.	Yong Song, Ph.D.
July 14	No meeting	
July 21	No meeting	
July 28	No meeting	
Aug 4	No meeting	
Aug 11	Prop 36: Role of Criminal Justice System	Peter Banys, MD
Aug 18	Methadone Maintenance: Medical Aspects	Scott Smolar, MD
Aug 25	Methadone Maintenance: Psychosocial Tx	

Appendix D – Sample Psychology Training Plan
San Francisco Department of Veterans Affairs Medical Center
SUPT Rotation

Trainee Name_____

Intern/Fellow Supervisor_____

Rotation _____ Dates_____

The Trainee on this rotation will obtain supervised experience and demonstrate competencies in the following checked skill areas by the end of this rotation. Outcome for these competencies will be defined as met if supervisor's end-of-rotation evaluation rating on relevant competency objectives is at the "adequate" level or better.

Competency Objective #1 – Role as a Professional Psychologist

___Demonstrates **respectful** interactions with other team members

___Demonstrates appropriate **sensitivity to the influences of individual and cultural differences** on patients with PTSD and SA

___Demonstrates **ethical conduct** on the rotation

___Acts **responsibly** in accomplishing patient care tasks

___Demonstrates an ability to establish **rapport** with patients

___Demonstrates effective **use of supervision**, including awareness and acknowledgement of potential problem areas, conflicts, skill deficits, countertransference reactions, etc

__Appropriately **documents supervision**

Competency Objective #2 – Evaluation and Assessment of PTSD and SA

Demonstrates competence in **administering and interpreting** the following instruments (check those that apply): ___Addiction Severity Index, ___War Stress Inventory, ___Impact of Events Scale-Revised, ___Clinician Administered PTSD Scale, ___Mississippi Scale for Combat-Related PTSD, ___MMPI-2, ___Peritraumatic Dissociative Experiences Questionnaire, ___CAGE Test, ___State-Trait Anger Expression Inventory

____Demonstrate understanding of **mental status and diagnostic components** of PTSD and SA

____Demonstrates an ability to incorporate an **empirical knowledge base** regarding assessment of PTSD and SA

____Demonstrates an ability to **identify and characterize treatment relevant to neuropsychological comorbidities** in PTSD and SA, including dementias, memory syndromes, learning disorders, attention deficit disorders, and intellectual deficits

___Demonstrates an ability to conduct an expert evaluation that will assist in **treatment planning**, including likely response to treatment and useful treatment strategies

___Demonstrates an ability to perform **"motivational interviews"** with addicted patients, including an assessment of the patient's stage of change readiness

___Demonstrates familiarity and comfort in employing and enforcing **urine surveillance** procedures to monitor substance usage

___Other relevant competencies (include separate page)

Competency Objective #3 – Psychological Treatment of PTSD and SA

___Demonstrates awareness of **empirical and theoretical knowledge base regarding issues in the treatment** of PTSD and SA, including strategies appropriate to the patient's personality structure, predominant mode of stress response and readiness to change addictive behavior

___Demonstrates an ability to conduct **group and individual therapy** using cognitive, behavioral and psychodynamic interventions to help patients work through and process trauma-related issues

___Demonstrates an ability to employ **trauma-focused techniques** including information processing, exposure and psychodynamic techniques

___Demonstrates knowledge of concepts and skills in conducting **relapse prevention** groups

___Demonstrates knowledge of concepts and skills regarding **PTSD symptom management**

___Demonstrates familiarity with the concepts and skills necessary to conduct **anger management** groups employing didactic and cognitive-behavioral interventions

___Demonstrates familiarity with Horowitz' concepts regarding **stress response syndromes** and the ability to apply them with patients with differing types or levels of personality organization

___Demonstrates familiarity with the concepts and skills necessary to treat patients with **comorbid PTSD and SA**, such the **co-complicating effects** of each disorder on the other and the ability to manage denial about substance abuse

___Demonstrates an understanding of **12-step techniques and concepts**, and ways to deal with patient resistance to these approaches

___Demonstrates familiarity with current practices in the **psychopharmacology** of PTSD and SA

___Demonstrates knowledge about the concepts and skills to conduct **family therapy with PTSD and SA** patients and their significant others or extended families

___Demonstrates familiarity with concepts regarding **opioid replacement** with methadone and LAAM

___Other relevant competencies (include separate page)

Competency Objective #4 – Consultation

___Demonstrates familiarity with the **practices of physicians, psychiatrists, social workers, nurses, addiction therapists other intake professionals and discharge planners** and a corresponding ability to frame the relevant psychological issues regarding PTSD and SA in ways that meet these needs

___Demonstrates an ability to **analyze and clarify for other professionals** ways in which trauma and addiction should be assessed and managed in treatment. Examples might include consultation to medical teams where surgeries or other medical procedures are conducted that re-vivify trauma in patients with PTSD, or ways that pain control with narcotics for chronic pain sufferers in substance abuse recovery can be managed to avoid relapse

___Demonstrates an ability to **consult regarding comorbid PTSD or SA** issues for patients encountered in a clinic focused primarily on the other disorder

___Demonstrates an ability to perform an informed **neuropsychological consultation** regarding SA and PTSD

___Demonstrates an ability to discern when a **medication consult** is needed

___Other relevant competencies (include separate page)

Competency Objective #5 – Interprofessional Treatment Planning and Case Management

___Demonstrates an ability to **function as a psychologis**t with advanced training on interprofessional PTSD and SA teams in order to plan treatment

___Demonstrates comprehension of the **unique and shared contributions of other professionals** in developing a treatment plan

___Demonstrates an ability to be an effective **case manager** with PTSD and SA patients in trauma-focused or addiction-related programs

___Demonstrates an ability to perform **crisis intervention** with PTSD and SA patients having a variety of psychosocial problems

___Other relevant competencies (include separate page)

Competency Objective #6 – Research

___ Demonstrates an ability to understand ways that research and scholarly inquiry become a part of professional practice and **inform clinical functions**

___ Demonstrates an ability to **plan, implement and analyze research** related to PTSD or SA

___ Demonstrates an ability to make **formal scholarly presentations** to groups of peers.

___ Demonstrates familiarity with the use of **outcome measures** to assess the efficacy of PTSD and SA treatment

___Other relevant competencies (include separate page)

Competency Objective #7 – Supervision and Leadership

___ Demonstrates the skills, knowledge and self-confidence necessary to **supervise psychology trainees** in their work with PTSD and SA patients.

___ Demonstrates an ability to **manage an outpatient program** team

___ Demonstrates an ability to supervise and direct **QI functions** on an interprofessional team

___Other relevant competencies (include separate page)

Appendix E

PTSD Clinical Team Description

The Posttraumatic Stress Disorder Clinical Team (PCT) specializes in the outpatient treatment of veterans who have PTSD related to combat, combat support/training, or sexual abuse in the course of active duty military service. Our PCT is one of the largest in the nation with regard to clinical activity. The majority of the population in PCT is male Vietnam veterans, with large representation of WWII veterans and increasing numbers of veterans from modern deployments (i.e., Afghanistan, Iraq War, Persian Gulf War, and peacekeeping operations). We also have an active program providing services for spouses and partners of veterans in the PTSD clinic. Women veterans are represented in all eras and are increasing in their requests for services from modern deployments. Military sexual trauma is a major emphasis of the clinic, serving both male and female veterans. Many of our veterans suffer from co-morbid disorders, depression and substance abuse being the most frequent. Issues regarding medical illness, chronic pain, postwar adjustment, and relationship stress are increasingly common. Our population is quite diverse, with multiple ethnicities (significant numbers of Filipino American veterans), ages, sexual orientations and levels of SES represented.

The PCT is dedicated to providing comprehensive outpatient treatment for veterans suffering from posttraumatic stress disorder. Although we are in a densely populated urban location, our area of outreach covers eight counties in Northern California and extends nearly to the Oregon border. Because the veterans we treat suffer primarily from chronic PTSD, we believe they require sustained and prolonged treatment. The secondary psychosocial effects of PTSD often pose as much a therapeutic challenge as the primary symptoms of the disorder. Thus, we see it as vital that a multi-modal approach to treatment be employed. This approach includes a variety of treatment components provided by the PCT and a close collaboration with the excellent clinical resources within our Medical Center's Mental Health Service. The objectives of the treatment interventions are to reduce the intensity of symptoms and maximize social and vocational functioning. There is also an emphasis upon coordination of care with the other medical services in the Medical Center to optimize attention to physical problems. Veterans co-morbid for alcohol/substance abuse are referred for evaluation and treatment to the Substance Use PTSD Team (SUPT) or other specialized Substance Abuse treatment programs in the Mental Health Service. The PCT staff provides consultation to the various clinic services throughout the SFVAMC, Community Based Outpatient Clinics, the Veterans Readjustment Counseling Centers in the San Francisco Bay Area, as well as to agencies and private clinical practitioners in the community at large.

The PCT is organized to provide five stages of treatment to veterans with PTSD: 1) evaluation, 2) stabilization, 3) exposure/uncovering, 4) integration and relapse prevention and 5) maintenance. Evaluations are coordinated by the postdoctoral trauma fellow and conducted by all members of the PCT staff and professionals in training with the PCT. The Director of the PCT supervises the day to day clinical activities of the PCT. The postdoctoral fellow is responsible for leading the weekly meeting in which intake assessments are distributed, the process of evaluation is discussed and treatment plans are determined. The director of the program, all psychology staff and all trainees with the PCT attend this meeting. Stabilization treatment is particularly important for our newly returning and MST veterans. We have recently added two staff positions to develop further programming for these veterans. For the stabilization stage of treatment, the main focus is upon biological, social, cognitive and educational strategies with rapid referrals for medication evaluation, couples, structured groups and brief individual treatments. Prolonged exposure and uncovering treatment is conducted individually and in groups. Psychology staff on PCT has particular expertise with exposure based models and other evidence based treatments for PTSD (e.g., Cognitive Processing Therapy). Integration and relapse prevention are accomplished primarily through group treatment, with several of our groups in PCT running long term. Medication management is also a long term strategy for many veterans in the clinic. Because of the chronicity of PTSD, many veterans participate in less intensive maintenance treatments, again with group and psychopharmacological interventions predominating.

There are two primary roles assigned to the Postdoctoral Trauma Fellow in the context of PCT. The first is to coordinate the intake process for PCT. This coordination includes leading a weekly meeting of staff and trainees with the purpose of distribution of referrals. In the course of this meeting the fellow is responsible for discussion and education regarding the process of evaluation and treatment planning for the clinic. Staff psychiatrists and psychologists as well as trainees in both specialties attend this meeting. The second role is to coordinate and lead didactic seminar, which provides our main educational training as well as case conference training. All PCT staff and trainees attend this meeting. The goal for the remainder of the time on PCT is for the fellow to create a training plan which fits their professional development

needs. Possibilities for supervised focus include administration, supervision of psychology trainees, program development and/or in depth focal clinical experiences. Professional role and development are strongly emphasized.

Treatment Modalities

Group Therapy: Short and long term groups are available to provide treatment interventions at each stage of treatment. The groups include: 1) PTSD education group (ongoing) provides information about PTSD and its consequences and serves the function of both stabilization and maintenance treatments, 2) trauma focus groups (6 to 12 months) – exposure/uncovering therapy in a group context, 3) integration and relapse prevention groups (1 to 2 years) draw from the experience of the trauma focus work and examine it in the context of present day coping style and skills. The objective is to solidify gains in symptom reduction from exposure/uncovering treatment and emphasize optimal psychosocial functioning, 4) maintenance groups (duration indefinite) provide support, structure and reinforcement of skills learned in prior stages of treatment and to deal with inevitable symptom exacerbation, 5) stabilization groups (brief) We currently have a Modern Deployment Psychotherapy Group and will be adding a second group in the next few months. This group is comprised mainly of returnees from the Iraq War and focuses on weekly themes related to adjustment (e.g., relationships, employment reintegration, emotional regulation) This group also contains a psychoeducational component, 6) structured groups such as DBT and Seeking Safety (3 months), 7) MST groups for men and women (12-14 weeks), 8) partners group (12-14 weeks) which provides education, support and insight to partners of veterans with PTSD

Individual Therapy: The PCT provides individual therapy when indicated. Individual therapy may be provided: 1) to stabilize a patient in crisis, 2) to provide psychoeducation and assistance with adjustment for newly returning veterans, 3) to provide exposure, behavioral therapy or focal dynamic treatment, 4) to provide adjunctive therapy to group work when the task of the group does not fit with specific issues of a patient 5) to address acute symptom exacerbation for ongoing patients and 6) to prepare a patient for group treatment.

Family Therapy: In PCT, most conjoint therapy is couples. Couples treatment is offered throughout all stages of treatment in the clinic.

Psychopharmacology Clinic: The PCT has a specialized Pharmacology Clinic staffed by all of the PCT psychiatrists. Patients are referred to the Pharmacology clinic by clinicians in the PCT and from clinicians in the community, such as the Veterans Readjustment Counseling Centers. The clinic provides a review of medical status and often serves as a primary referring source to other medical clinics in the Medical Center. The Pharmacology Clinic is available to veterans in the PCT during any stage of the treatment process. Duration of treatment is determined by the presenting symptoms. Case management based maintenance treatment is often a component of long term medication treatment.

Appendix F

Substance Abuse Programs Description

Overview:
The Substance Abuse Programs are located within the Mental Health Service. Clinical services are organized into three distinct areas: triage acute services, a day hospital, and a large outpatient clinic that incorporates three specialized treatment teams. Triage offers same-day service for walk-in veteran applicants. The Substance Abuse Day Hospital (SADH) provides intensive outpatient care for patients who require additional stabilization and diagnostic evaluation. The Substance Abuse Outpatient Clinic consists of the Drug and Alcohol Treatment Team (DAT), the Opioid Replacement Team (ORT), and the Substance Abuse and Posttraumatic Stress Disorder Team (SUPT). The treatment teams are organized in keeping with a phase model of recovery that differentiates early abstinence issues from later recovery issues.

The Substance Abuse Programs and the Mental Health Service are closely affiliated with the UCSF Department of Psychiatry. Each year substance abuse faculty train and supervise psychology interns, Postdoctoral research fellows, social work and nursing trainees, and minority undergraduates who are planning to pursue graduate degrees in psychology. All sixteen PGY-2 residents from the Department of Psychiatry have part-time rotations in one of the treatment teams. Faculty also train and supervise 1-3 substance abuse physician fellows in our VA sponsored fellowship program.

The Substance Abuse Programs are also affiliated with the San Francisco Treatment Research Center (TRC). The TRC sponsors multiple research trials at the VA site, including research on opioid replacement methods, promising new medications to reduce substance abuse, studies of anger management methodologies, and the environments of addicted patients. VA Cooperative Studies sponsor studies on the use of buprenorphine for opioid dependence and the use of naltrexone for alcohol relapse prevention. VA Merit Review Studies sponsor another study on an anger management and cocaine dependence clinical trial.

Triage: Acute Services Program:
The Triage Clinic is a daily walk-in clinic located in Central Access that provides initial assessment, screening, and treatment planning services to all veterans seeking addictions treatment. All eligible veterans are seen on the same day that they present themselves for treatment. Some patients are in withdrawal, or have urgent medical or psychiatric needs, and are also seen by a physician for acute medical or psychiatric intervention. Homeless patients are placed in a shelter in the community and are scheduled to enter the SADH as soon as possible. Other patients who are especially unstable are also enrolled in the SADH for intensive outpatient treatment. Other patients are referred directly to one of the specialized treatment teams in the Substance Abuse Outpatient Clinic.

Substance Abuse Day Hospital (SADH):
The SADH is an intensive outpatient treatment program whose mission is to provide short-term, cost-effective care as an alternative to inpatient hospitalization. It is used to stabilize patients who are unable to initiate abstinence in the less intensive outpatient setting. Some of these patients have serious medical or psychiatric disorders that make it very difficult for them to accomplish even a single day of abstinence. The SADH is also used to intensify structure for patients in outpatient treatment who relapse and cannot reestablish abstinence in the less intensive outpatient setting. The SADH has 24 slots and the average length of stay is 14 days.

Substance Abuse Outpatient Clinic (SAOP):
The SAOP Clinic consists of three specialized treatment teams:

a. The Drug and Alcohol Treatment Team (DAT)
   Treatment in the DAT Team is abstinence oriented and is focused on patients with alcohol, cocaine, and polysubstance abuse problems. Psychosocial treatment is structured by a Phase Model (described below) but also includes other treatments based on an integrative review of multiple assessments. The following treatments are offered:

Phase Model Groups	Anger Management
Specialized Dual Diagnosis Groups	Patient Education

Individual and family counseling Psychopharmacology
Smoking Cessation

b. Opioid Replacement Team (ORT):
The ORT Team primarily treats heroin addicts with opioid replacement medications (methadone). Some patients enter research protocols involving methadone or buprenorphine. In addition, all patients are involved in psychosocial treatment based on the Phase Model organized around levels of privileges and frequency of take-out doses. The Clinic also offers adjunctive therapies similar to those offered on the DAT Team.

c. Substance Abuse and Posttraumatic Stress Disorder Team (SUPT):
The SUPT Team treats patients who have substance abuse disorders and PTSD related to military combat experience. Treatment for substance abuse is based on the Phase Model and seeks to stabilize addictive problems prior to working with traumatic material. Treatment for PTSD includes psychopharmacological assessment as well as psychosocial treatment. Often, the initial phases of care last much longer than for single diagnosis patients because of the interaction of the trauma related dual illness.

Treatment Model:
Substance Abuse treatment is based on a Phase Model, developed by Dr. Peter Banys, Director of Substance Abuse Programs, and incorporates a biopsychosocial model of addictive behaviors. This model is integrative and accommodates a longitudinal and developmental framework. It encourages staff members to consider physiological, psychological, and sociocultural factors from each of these domains in the assessment, case conceptualization, treatment planning, and therapy processes. Such an approach contributes to a greater individualization of the treatment process.

The Phase Model described below refers to the names of phases used in alcohol treatment, but the descriptions summarize the basic principles that are implemented in different ways by each of our clinics and treatment teams.

Phase 0: Crisis
In the crisis phase, patients receive a thorough assessment of their substance abuse disorder and their medical and psychiatric problems. The goal of this phase is to stabilize the patient so that he or she may enter into outpatient treatment on one of the treatment teams.

Phase 1: Abstinence
During the abstinence phase, patients learn how to identify the high-risk areas (triggers and cues) that put them at risk for relapse. They also develop adaptive coping strategies for dealing with these high-risk areas. At the same time, patients attend a required number of treatment and education activities. The following tasks are accomplished during the abstinence phase of treatment:

1. achieve 90 days of abstinence
2. attend 24 recovery support groups
3. attend 10 education and recovery classes
4. attend 36 self-help meetings (e.g. Alcoholics Anonymous)

The progression from one phase to the next depends on the completion of behavioral tasks and not merely on the passage of time. The target date for completion of the abstinence phase is 3-6 months from the time of entry into treatment. Patients who relapse, of course, remain in this early phase of care for even more extended periods of time. The minimum successful treatment episode is considered to be graduation from the abstinence phase of the program.

Phase 2: Sobriety
In the sobriety phase, patients require less structure and intensity in treatment. Treatment focuses on the development of adaptive interpersonal skills that have been damaged or destroyed as a result of their substance abuse disorder. Assessments aimed at returning the patient to a productive lifestyle, which may include work or school, may be indicated. Patients are required to attend 48 support or psychotherapy groups.

Phase 3: Recovery

Upon completion of the abstinence and sobriety phases, some patients elect to enter the recovery phase of treatment. Treatment in this phase consists of once a week supportive or psychodynamic group therapy. Treatment is interpersonally oriented and differs little from traditional group and individual psychotherapy. There is a recurrent focus, however, on abstinence and on the use of recovery resources such as community based self-help meetings.

Appendix G

Current SFVAMC PTSD Research

Over the past 15 years, the PTSD Program has developed a research program that is recognized as one of the leading centers in the nation. Its emphasis of inquiry is upon understanding the mechanisms, risks, resiliency and optimal treatments for PTSD. The PTSD staff's original publications are prolific and varied. Dr. Marmar's elucidation of the role of dissociation, at the time of a traumatic event, as a predictor of subsequent prevalence and severity of PTSD is a seminal contribution. Drs. Marmar and Weiss were co-principal investigators on the National Vietnam Veterans Readjustment Study. This study remains the most important prevalence study of combat-related PTSD. Its findings persuaded the Department of Veterans Affairs to develop a nationwide initiative to provide specialized outpatient treatment for Vietnam veterans. In addition to other studies investigating PTSD among emergency service personnel, the research team is also conducting one of the first large-scale prospective studies to examine the nature of acute and cumulative critical incident stress response in police officers. This body of work will lead to a better understanding of risk factors for acquiring PTSD and resiliency in preventing it. Closely linked to this effort is our inquiry into neurobiologic mechanisms of PTSD, including studies of sleep, neuroendocrine changes, sensory gating, event-related potential and neuroanatomic changes. We have placed a strong emphasis upon the clinical application of the findings from the above research effort. Members of our staff and research team have collaborated in the development of cognitive behavioral and exposure-based manualized individual and group therapies for Vietnam era veterans, soldiers returning from combat in Iraq and Afghanistan, and police officers. The individual treatments are currently being tested in separately funded clinical trials. A measure of the quality of the PTSD Program's scientific work is the recognition we have received through the tremendous amount of funding support awarded from national and private funding agencies. What follows is a listing of the current grant support for our research effort:

Project Award	Source of Funding	Duration	Amount $
Prospective Study of Posttraumatic Stress in Police Officers	National Institute of Mental Health (PI: Marmar)	03/01/02-09/30/06	$521,265
UCSF Death Notification Stress Management Program	Donation Account – UCSF (PI: Marmar)	05/01/03-04/30/06	$250,000
Evaluating a Bio-Terrorism Preparedness Campaign for Veterans	Veterans Administration (PI: Marmar)	08/01/98-09/30/05	$366,912
VA Mental Illness Research, Education, and Clinical Center (MIRECC)	Veterans Administration (PI: Marmar)	08/01/98-09/30/06	$366,912
Neuroendocrine Regulation of Sleep in PTSD	National Institute of Mental Health (PI: Neylan)	04/29/05-03/31/09	$1,913,000
Open-Label Trial of Escitalopram Treatment for Posttraumatic Stress Disorder	Forest Laboratories (PI: Neylan)	06/1/02-10/31/05	$80,000
Sleep, Fatigue and Performance in a Prospective Study of Police Officers	National Institute of Justice (PIs: Neylan and Marmar)	8/1/04 – 11/30/07	$1,007,000
Prazosin compared to placebo in subjects with Posttraumatic Stress Disorder.	DVA MIRECC (PI: Neylan)	08/01/98-09/30/05	$100,000
Cognitive Behavioral Therapy and D-Cycloserine Treatment of PTSD in Operation Enduring Freedom and Operation Iraqi Freedom Veterans	Department of Defense (PI: Marmar)	2005-2008	$200,000

Dates: Application Deadline: January 26, 2007 Start Date: end of August, 2007
Only Typed Applications Accepted

APPLICATION

San Francisco Department of Veterans Affairs Medical Center
Postdoctoral Psychology Fellowship –Substance Abuse and Posttraumatic Stress Disorders

Program Emphasis to which you are applying:

_____ Trauma
_____ Substance Abuse
_____ Both (if so, please rank order)

Identifying Information

Name _____ U.S. Citizen?_____

Mailing Address _____

_____

Email _____

Work Telephone ( ) _____ Home Telephone ( ) _____

Telephone where you will be available March 16th between 9-noon (PST) _____

*Doctoral Program*_____

Program APA-approved? _____ Program Type (circle): Clinical/Counseling? University/Professional?

Doctoral Degree (circle) Psy.D./Ph.D. Completed? _____

If Answer to Above is "No", please use a separate sheet to specify the following:
Describe in detail the status of your dissertation.
Date on which you expect to compete all requirements for the doctoral degree.
Include a letter from your dissertation chairperson describing your dissertation status and timeline.

Pre-Doctoral Internship Completed (date) _____

Pre-Doctoral Internship_____

Internship APA-approved? _____

Postdoctoral Experience(s) (if any, list)

_____

_____

_____

Application Checklist (Please make sure you have completed all parts below)

_____Completion of parts I, II, III and IV of Application (attached)

_____A copy of your pre-doctoral internship certificate, or letter from current Internship Training Director indicating that you are in good standing to successfully complete your predoctoral internship, including completion date

_____Three letters of recommendation sent to support your application, including a letter of support from your Internship Training Director

_____ (If you have not completed doctoral degree) Letter from your dissertation chairperson describing your dissertation status and timeline

_____Current CV

_____Graduate Transcript

_____Three self-addressed mailing labels

Use up to one typewritten page to answer each of the following:

I. Please describe your clinical experience and interest with substance abuse and trauma populations respectively, including types of patients, types of clinical activities performed, and types of supervision obtained. Include a brief outline and description of your pre-doctoral internship experience, including major rotations.

II. Please describe any relevant research activities, publications, or other scholarly activity.

III. What is your understanding of ways that trauma (Trauma fellow applicants answers this) and substance abuse (Addiction fellow applicants answers this) affect the psyche?

IV. Please discuss your goals for the fellowship. This should include your specific interests, deficiencies in past training, career goals, and reasons why you would be a good "fit" for this fellowship program.

Interviews will be arranged for top candidates based upon a review of the written application materials. In general, in-person interviews will be required; however phone interviews may be made available in the event of special circumstances. Please call us to advise of any problems or special considerations relating to your availability for an in-person interview.

Mail Application Materials to:

Russell Lemle, Ph.D.
Director of Psychology Training and Chief Psychologist
Mental Health Services (116B)
San Francisco DVAMC
4150 Clement Street
San Francisco, CA 94121

Fax #: (415) 750-6987/
(415) 750-6615

Phone calls should be directed to Ms. Gloria Patel, our program assistant, at (415) 750-2004 for information about your application. For further information about the fellowship call Dr. Lemle at (415) 221-4810 ext. 2348. Dr. Lemle's e-mail: russell.lemle@va.gov